

**MONTANA DEPARTMENT OF COMMERCE
TREASURE STATE ENDOWMENT PROGRAM**

SECTION 1 (To be completed by TSEP recipient)

Account Name / Account # / ABA (Routing) #

Section II (To be completed by the bank)

(9)

Account Name and/or Number

(10) _____
Name of Bank

(11) _____
Address where checks should be mailed

The Depository hereby agrees to immediately notify the Recipient when a deposit is made in the above account.

(12) _____
Signature of Authorized Bank Officer

(13) _____
Title of Authorized Bank Officer

(14) _____
Date

PREPARATION OF DESIGNATION OF DEPOSITORY FORM

Block
Number

Instructions

1. Enter name, address and zip code of depository (bank) designated to receive TSEP funds.
2. Enter entire contract number.
3. Enter bank account number and the ABA (Routing) number where TSEP funds are to be deposited.
4. Enter name of TSEP recipient. (City or Town of _____, or _____ County.)
5. Enter complete address of TSEP recipient.
6. Signature of Chief Elected Officer (CEO) or Executive Officer for TSEP recipient.
7. Enter title of CEO or Executive Officer for TSEP recipient (Mayor, City Manager, or Chairperson of the County Commission).
8. Enter date form signed by CEO or Executive Officer of TSEP recipient.
9. Enter same account number as in #3 above.
10. Enter same name of depository (bank) as in #1 above.
11. Enter same address and zip code of bank where TSEP funds will be sent, as in #1 above.
12. Enter signature of authorized bank officer.
13. Enter title of authorized bank officer for depository.
14. Enter date form signed by authorized bank officer.

NOTE: Mail an original copy to the TSEP liaison and retain a photocopy for your records. It is important that there are no erasures, corrections or correction fluid on either copy. Also, all signatures should be made in ink.